

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

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PLAINTIFF Christopher Knox	COURT CASE NUMBER 07C7061
DEFENDANT Marry Henry, et al.	TYPE OF PROCESS S/C
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Ms. Schave, R.N.	
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2600 N. BRENTON AVE. OXON, IL 61021	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Christopher Knox, #B-61090
P.O. Box 2000
Tamms, IL 62988

Number of process to be served with this Form - 285	1
Number of parties to be served in this case	16
Check for service on U.S.A.	0

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FILED

MAR 04 2008 EA
MAR 04 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

01-28-08**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 3 of 16	District of Origin No. 24	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	TD	Date 01-28-08
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

RECEIVED signed waiver from Ms. Schave
a receipt of certified delivery (see end)

Date of Service 2-15-08	Time am pm
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Signature of U.S. Marshal or Deputy

Service Fee 0	Total Mileage Charges (including endeavors) 0	Forwarding Fee 9.85	Total Charges 9.85	Advance Deposits 0	Amount owed to U.S. Marshal or 9.85	Amount of Refund 0
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REMARKS:

Mailed Certified mail w/ warrants
7007071000096001099

UNITED STATES DISTRICT COURT

FILED

(DISTRICT)

MAR 04 2008 EA

Waiver of Service of Summons

TO: Christopher Knox

(NAME OF PLAINTIFF'S ATTORNEY OR UNREPRESENTED PLAINTIFF)

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURTI, Ms. Schave, R.N. acknowledge receipt of your request that I waive
(DEFENDANT NAME)

service of summons in the action of Christopher Knox vs. Marry Henry, et al.

(CAPTION OF ACTION)

which is case number 07C7061 in the United States District Court for the

(DOCKET NUMBER)

Northern District of Illinois

(DISTRICT)

I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgment may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after February 11, 2008

(DATE REQUEST WAS SENT)

or within 90 days after that date if the request was sent outside the United States.

2-15-08

DATE

Verna Schave

SIGNATURE

Printed/Typed Name: Verna Schave

As Corrections Nurse I

TITLE

of Dixon Correctional Center

CORPORATE DEFENDANT

Duty to Avoid Unnecessary Costs of Service of Summons

Rule 4 of the Federal Rules of Civil Procedure requires certain parties to cooperate in saving unnecessary costs of service of the summons and complaint. A defendant located in the United States who, after being notified of an action and asked by a plaintiff located in the United States to waive service of summons, fails to do so will be required to bear the cost of such service unless good cause be shown to its failure to sign and return the waiver.

It is not good cause for a failure to waive service that a party believes that the complaint is unfounded, or that the action has been brought in an improper place or in a court that lacks jurisdiction over the subject matter of the action or over its person or property. A party who waives service of the summons retains all defenses and objections (except any relating to the summons or to the service of the summons), and may later object to the jurisdiction of the court or to the place where the action has been brought.

A defendant who waives service must within the time specified on the waiver form serve on the plaintiff's attorney (or unrepresented plaintiff) a response to the complaint and must also file a signed copy of the response with the court. If the answer or motion is not served within this time, a default judgment may be taken against the defendant. By waiving service, a defendant is allowed more time to answer than if the summons had been actually served when the request for waiver of service was received.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>Dixon Correctional Center c/o Becky Williams, Off. Supp. Litigation Coordinator 2600 N. Brinton Ave. Dixon, IL 61021</p>		<p>B. Received by (Printed Name) <i>S. Kent</i></p>	
		<p>C. Date of Delivery <i>02-13-08</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7007 0710 0000 9600 1105</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	